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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (For use with Form PTO/SB/06)							Application Number MBC-0518		Filing Date Mar. 26, 2004			
							Applicant(s) Nancy A. Dulzer, et al.					
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1						51	1				
2		1					52	1				
3		1					53	1				
4		1					54	1				
5		1					55	1				
6		1					56	1				
7		1					57	1				
8		1					58	1				
9		1					59	1				
10		1					60	1				
11		1					61	1				
12		1					62	1				
13		1					63	1				
14		1					64	1				
15		1					65	1				
16		1					66	1				
17		1					67	1				
18		1					68	1				
19		1					69	1				
20		1					70	1				
21		1					71	1				
22		1					72	1				
23		1					73	1				
24		1					74	1				
25		1					75	1				
26		1					76	2				
27		1					77	2				
28		1					78	2				
29		1					79	2				
30		1					80	2				
31		1					81	2				
32		1					82	2				
33		1					83	2				
34		1					84	2				
35		1					85	2				
36		1					86	2				
37		1					87	2				
38		1					88	2				
39		1					89	2				
40		1					90	1				
41		1					91					
42		1					92					
43		1					93					
44		1					94					
45		1					95					
46		1					96					
47	1						97					
48		1					98					
49		1					99					
50		1					100					
Total Indep	4		0		0		Total Indep					
Total Depend	100		0		0		Total Depend					
Total Claims		104		0		0	Total Claims					

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